



MEDICAL FINANCIAL SOLUTIONS

Guarantor Name	Guarantor Number	Statement Date	PAYMENT DUE
TARA LARKE	500034330	12/27/2020	\$562.40

Total Charges	\$1,406.00
Total Payments	\$0.00
Total Adjustments	-\$843.60
Your Current Balance	\$562.40

PATIENT NAME	ACCOUNT NUMBER	PRIMARY/SECONDARY INSURANCE	DATE OF SERVICE	LOCATION	SUMMARY	AMOUNT
<input checked="" type="checkbox"/> HOSPITAL						
Simeon Kirilov Mladetov	95200054627	Liability/bodily Injury	8/11/2020	AMITA Health Saint Joseph Hospital Chicago	Emergency Room	\$1,046.00
					Radiology - Diagnostic	\$360.00
					Total Charges	\$1,406.00
					Patient Payments	\$0.00
					Insurance Payments	\$0.00
					Total Adjustments	-\$843.60
					PAYMENT DUE	\$562.40
TOTAL PAYMENT DUE: \$562.40						

BILLING QUESTIONS OR CONCERNS?

Please contact us at:

Phone: **833-272-7582**Hours: **Mon-Thu: 8:00am - 8:00pm CST****Fri: 8:00am - 3:30pm CST****Sat: 9:00am - 1:00pm CST****You may receive bills from other providers.**

Please contact them directly.

IF WE DO NOT HAVE YOUR INFORMATION, OR IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE...

PATIENT INFORMATION

Your Name (Last, First, Middle Initial)		Date of Birth
Address		
City	State	Zip
Telephone		
()		
Social Security		
Employer's Name		Telephone
		()
Employer's Address		
City	State	Zip
Please Indicate If Applicable:		
<input type="checkbox"/> AUTO ACCIDENT		
<input type="checkbox"/> WORKER'S COMPENSATION		

INSURANCE INFORMATION

Primary Insurance Company Name		
Address		
City	State	Zip
Telephone		
()		
Policy Number	Group Number	
Secondary Insurance Company Name		
Address		
City	State	Zip
Telephone		
()		
Policy Number	Group Number	

EXHIBIT

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MEDICAL FINANCIAL SOLUTIONS

Guarantor
NameGuarantor
NumberStatement
DatePAYMENT
DUE

TARA LARKE

500034330

12/27/2020

\$562.40

Amount Due: \$562.40

Date of Service: 8/11/2020

Dear TARA LARKE,

You have an active balance of **\$562.40** with **AMITA Health**. To assist you in resolving this balance, **AMITA Health** has sent your account to Medical Financial Solutions. The amount due of **\$562.40** is not currently in default but it is very important that we hear from you.

AMITA Health values you as a patient and would like to help you resolve this unpaid balance. If you are unable to remit payment in full at this time, please contact Medical Financial Solutions to discuss resolution options that may be available to you:

- Payment Arrangement
- Apply Insurance
- Financial Assistance

Please call Medical Financial Solutions at **833-272-7582** or remit payment using the payment coupon below. Our office hours are listed at the bottom of this letter. If payment in full was sent before the date of this letter, please disregard this request and accept our gratitude.

AMITA Health has a Financial Assistance Policy for those who qualify; you may call **833-272-7581** or visit <https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/> to learn more.

Sincerely,
Medical Financial Solutions
833-272-7582

Unless you notify Medical Financial Solutions within 30 days of receiving this notice that you dispute the validity of the amount owed, or any portion thereof, we will assume the amount owed to be valid. If you notify Medical Financial Solutions in writing within the 30-day period that you are disputing this amount owed, we will provide you with verification of your outstanding balance via U.S. mail service.

Inbound and outbound calls may be monitored or recorded for quality purposes.

Phone: 833-272-7582 ■ **Hours:** Mon-Thu: 8:00am - 8:00pm CST; Fri: 8:00am - 3:30pm CST; Sat: 9:00am - 1:00pm CST

Send Correspondence to: PO Box 50871, Kalamazoo, MI 49005

Detach this coupon and return with your payment. ☐ Check if address/insurance changes are on back.



MEDICAL FINANCIAL SOLUTIONS

PO Box 1259, Dept 149882
Oaks, PA 19456



Pay online at

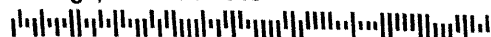
<https://www.amitahealth.org/hospital-bill>



TARA LARKE
1379 W GREENLEAF AVE APT 2S
CHICAGO IL 60626-2928

IF PAYING BY CREDIT CARD, FILL OUT BELOW.			IF AMOUNT PAID IS NOT INDICATED, PAYMENT WILL BE PROCESSED FOR THE CURRENT BALANCE
<input type="checkbox"/> VISA	<input type="checkbox"/>	<input type="checkbox"/>	
CARD NUMBER	EXP. DATE	AMOUNT	
SIGNATURE			
STATEMENT DATE	PAY THIS AMOUNT	GUARANTOR NO.	
12/27/2020	\$562.40	500034330	
PAYMENT DUE DATE	SHOW AMOUNT PAID HERE		
Payment Due	\$		

AMITA Chicago Hospitals Network
PO Box 74008843
Chicago, IL 60674-8843



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